

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042051

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **464**

FILED DEC 13 1962

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Length of stay in lb 1 Day	c. CITY OR TOWN LINN, MO. R # "
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHAS. E. STILL HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lin, MO. R # "
3. NAME OF DECEASED (Type or print) First FLOYD Middle GEORGE Last FRANK, SR.		4. DATE OF DEATH Month Dec. Day 6th. Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SELFEMPLOYED	11. BIRTHPLACE (City and state or country) KANSAS
13a. FATHER'S NAME GEORGE H. FRANK		13b. MOTHER'S MAIDEN NAME DORA FETTY	14. NAME OF HUSBAND OR WIFE ANNA SCHAEFER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Mrs. Floyd Frank Sr. Lin, Mo., RFD	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Cerebral Thrombosis DUE TO (c) Arteriosclerosis, generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:10 PM Month, Day, Year 12-1-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lin	
21. I attended the deceased from 12-1-62 to 12-6-62 and last saw him alive on 12-6-62 Death occurred at 9:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Lin	
22a. SIGNATURE Thomas W. Borden DO (Degree or title)		22c. DATE SIGNED 12/7/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10 Dec 1962	23c. NAME OF CEMETERY OR CREMATORY Rich Fountain Cemetery	23d. LOCATION (City, town, or county) (State) Rich Fountain, Mo.
24. FUNERAL DIRECTOR Morton Service, Inc. Lin, Mo.		25. DATE RECD. BY LOCAL REG. 7 December 1962	
		26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. Richter, Dep.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10269

20760

3

4 **0**

5 **1**

6

7 **1**

8 **2**

9332X

10

11

12 **1-2**

13 **1-0**

DEC 19 1962

JAN 4 1963

DEC 27 1962

JAN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.